



ANNUAL REPORT TRANSFER STATION

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:
FACILITY LOCATION (street address):	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR: (Company/Business):	OPERATOR CONTACT (Name):	

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: _____ Date: _____

AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR: Please report by (check one): Cubic Yards ☐ Tons ☐

PLEASE CHECK IF RECEIVED	AMOUNT RECEIVED
<input type="checkbox"/> Municipal/Commercial Solid Waste	
<input type="checkbox"/> Construction/Demolition Waste	
<input type="checkbox"/> Landclearing Debris	
<input type="checkbox"/> Industrial Waste	
<input type="checkbox"/> Inert Waste	
<input type="checkbox"/> Wood Waste	
<input type="checkbox"/> Yard Debris	
<input type="checkbox"/> Ash (other than special incinerator ash)	
<input type="checkbox"/> Dredged Materials	
<input type="checkbox"/> Sewage Sludge	
<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Petroleum Contaminated Soils	
<input type="checkbox"/> Other Contaminated Soils	
<input type="checkbox"/> Tires	
<input type="checkbox"/> Medical Waste	
<input type="checkbox"/> Food Processing Waste	
<input type="checkbox"/> Other (specify):	
Total	

(form continued on back)

OTHER ACTIVITIES AT THE SITE:

☐ Material Recovery ☐ Recycling (specify) _____
☐ Yard Debris Collection for Recycling ☐ Moderate Risk Waste Handling ☐ Waste Tire Storage
☐ Pile ☐ Surface Impoundment ☐ Tank ☐ Other _____

DESTINATION OF MATERIAL:

Name of final disposal facility (landfill or incinerator) _____
 Name of recycling facility _____
 Name of composting facility _____
 Other _____

METHOD OF TRANSPORT TO FINAL DISPOSAL DESTINATION(s):

☐ Truck ☐ Rail ☐ Intermodal ☐ Other (specify): _____

Are you open to the public? ☐ Yes ☐ No

Tip fees (Attach schedule if available):

During the reporting year, were there any changes in your management practices that would impact your operations?

☐ No ☐ Yes (specify) _____

Are there any new solid waste activities planned at your site for this calendar year? ☐ No ☐ Yes (specify) _____

Planned start date: _____

DID YOU RECEIVE MATERIAL FROM:	WHERE FROM	TYPE OF MATERIAL	EST. AMOUNT
			<input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREPARED BY:		DATE:	PHONE:

To receive this document in alternate format, contact Ecology's Solid Waste & Financial Assistance Program
 At 360-407-6900 (Voice), 711, or 1-800-833-6388 (TTY).